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AUTHOR Krantz, Susan E.
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ABSTRACT

The cognitive model of depression postulates that the depressed individual's cognitions are not only negative, but erroneous and impervious to information from the environment. However, the valence of that information ultimately determines whether those cognitions are impervious or merely receptive. The actual life circumstances of the depressed individual, including social behavior, impoverished interpersonal relationships, and stressful life events, appear to be more negative than those of nondepressed people. These deficient and stressful life circumstances elicit negative reactions which depend at least as much upon the information being processed as upon the cognitive style of the processor. Beliefs and propositions of others provide an important source of information about the self and the world. Depressed people learn how to define the desirability and appropriateness of personal attributes and social situations from both their primary interaction group and the wider community. The depressed person and others then evaluate the degree to which the depressed person conforms to these social standards and situations. Thus, for the depressed individual, an on-going cycle between available information and cognition, mood, and behavior serves to maintain the depression. Cognitive therapy is particularly successful in treating depression since it alters behavioral deficits and negative cognitions. Finally, the problematic aspects of negative environmental information can be addressed through marital and family interventions and support groups. (BL)

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When Depressive Cognitions Reflect Negative Realities

Susan E. Krantz

Psychological Studies in Education

Stanford University

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When Negative Cognitions Reflect Negative Realities

One very basic assumption of Beck's cognitive model of depression is that the depressive's cognitions are not simply negatively-toned, they are also erroneous and impervious to information from the environment. To examine the validity of this assumption, we need to look at the information available to the depressive. If the information is largely negative, then the negative cognitions may not be gross errors. In this event, the cognitions are receptive, rather than impervious, to the environmental feedback.

The purpose of this paper is to describe the information available to depressed persons with particular attention to negative information. "Negative" and "undesirable" will be defined by their common meanings, and will include circumstances such as failure in social, academic, or work settings relative to the shared standards of the community; financial problems; health problems, or marked physical unattractiveness according to the prevailing norms. A focus on the available negative information is important because such information can provide to the depresive valid evidence consistent with pessimism, perceived failure, low self-worth and other dysfunctional beliefs. Negative information may undermine positive beliefs and elicit negative beliefs. To the extent that the depressed individual is confronted with undesirable realities, the assumption that the individual is impervious to largely benign feedback may need to be refined.

Although Bedrosian and Beck (1980) have qualified the "autonomous cognitive model" by stating that, "...a portion of the patient's thinking does, indeed, have a basis in reality," this reality-based portion of the depressed person's thinking has received little attention (p. 44). Investigators typically examine depressive cognitive processes but not the information being processed.

This description of the realities of the depressed person and the congruence between cognition and reality is by no means intended to imply that negative realities cause depression. Instead, it is assumed that negative realities are causally related to cognition. The negative cognitions, shaped by negative circumstances, are expected to be causally -- and reciprocally -- related to transient depressed mood states. The question of how and when realistic negative cognitions are also related to enduring clinical depression is beyond the scope of this paper, although some possibilities will be briefly examined.

In order to examine the information available to the depressed individual, we must widen the focus from the individual alone to include the immediate environment and the larger culture. Two types of negtive information will be identified: (1) information concerning observable life circumstances which are generally considered to be undesirable and (2) beliefs and propositions of others which carry negative implications for the individual. Although these two types of information are discussed separately for purposes of clarity, they are clearly overlapping and connected. For example, the realities of the immediate environment may be undesirable not because of qualities inherent in the situation, but rather because of the meanings attached to the circumstances by the larger community.

Information about undesirable life circumstances

The actual life circumstances of depressed individuals appear to be more negative than those of nondepressed people. Negative information about the depressive's life circumstances include (1) the depressive behaviors themselves, (2) impoverished interpersonal relationships, and (3) stressful life events.

Depressive behaviors: Depression is often characterized by a low energy level, loss of interest in previously valued activities and social isolation.

These behaviors are typically considered to be undesirable by the self and by others and so may lead to negative self-evaluations.

The social behavior of the depressive is a particularly important source of negative information about the self. The social skill deficits of depressed persons have been observed repeatedly. For example, Libet and Lewinsohn (1973) found that depressed persons emit fewer interpersonal behaviors to a narrower range of people. When depressed persons do interact with others, they take longer to respond. Their responses contain a higher proportion of negative responses in comparison to nondepressed persons. Jacobson and Anderson (1982) found that depressed students emitted negative self-statements to a new acquaintence more frequently than did nondepressed students. They were also more likely to self-disclose when self-disclosures were not solicited. Youngren and Lewinsohn (1980) were unable to identify specific social behaviors that uniquely characterized depressed persons, but found that the self, peers, and trained observers all rated the depressive's overall interpersonal style negatively in comparison to normal and nondepressed psychiatric controls. Thus, the depressed person's observation of his or her own behaviors provides a realistic basis for negative self-evaluations.

Impoverished interpersonal relationhips: These social skill deficits elicit reactions from others. Studies of interactions between previously unacquainted persons have demonstrated that clinically depressed patients (Coyne, 1976a), persons enacting a depressed role (Hammen & Peters, 1978) and mildly depressed students elicit dysphoria, anxiety, and hostility in others. Not surprisingly, the depressed persons were rejected. The rejection and avoidance of depressives by strangers is consistent with observations of depressed persons in their families: Lewinsohn and Schaeffer (1971) observed that family members shun the depressed person and provide relatively little positive reinforcement.

Stressful life events: Depressed people experience more life changes, particularly undesirable life changes, than do nondepressed people (Dohrenwend & Dohrenwend, 1981). Depressed persons bring many of these stressful life events upon themselves, but they also experience stressors that are independent of their behavior more frequently than do nondepressed people (Lindethal & Myers, 1979). These events, regardless of whether they resulted from the individual's own behavior, add to the prediction of depression even after controlling for prior depression scores and even after controlling for depressive cognitions (Cutrona, 1982; O'Hara, Kehm & Campbell, 1982). Since it might be argued that the depressive's reports of high levels of stress may themselves be prime examples of erroneous cognitions, it is of interest to note that Billings, Cronkite and Moos (1983) found that the degree of congruence between reports of depressives and their spouses were similar to the degree of congruence between the reports of nondepressed spouses.

Taken together, these findings indicate that depressed persons encounter more negative information about themselves and their world than do nondepressed persons. The depressed person is faced with evidence of his or her own deficits and the effects of these deficits on the social environment. The depressive lacks intimate relationships and is shunned by new acquaintances. He or she also experiences more than the usual number of stressful life events. These data cast doubt upon the underlying assumption that the reality of the depressive is largely non-negative.

The input from the environment is expected to play an important role in the depressive's appraisal of the current situation. Two lines of evidence support this contention. First, Dohrenwend and Martin (1979) and Hammen and Mayol (1982) found that different types of stressful events elicit different expectations and different attributions. In addition, Dohrenwend and Martin (1979) compared the Person vs. Situation determinants of cognitions about

events. They found that different people rated any given event in similar ways, but people were not internally consistent in their ratings across different events. Dohrenwend and Martin concluded that cognition following an event appears to depend upon the situation and not upon a stable disposition of the person.

A similar pattern emerges from a re-examination of laboratory studies which gave success or failure feedback to depressed or nondepressed students (Hammen & Krantz, 1976; Nelson & Craighead, 1977; Oliver & Williams, 1979; Rizley, 1978; Wener & Rehm, 1975; Zuroff, 1981) or patients (DeMonbreun & Craighead, 1977; Loeb, Beck, & Diggory, 1971; Loeb, Feshbach, Beck, & Wolf, 1964). In all such studies, the feedback had a significant effec. on subsequent cognition. By contrast, a significant effect of depression (or a feedback x depression interaction) was observed on only slightly over half of the cognitive measures in these studies. Thus, reactions to events depend at least as much upon the information being processed as upon the depressive or nondepressive cognitive styles of processing information.

Beliefs of others conveyed to the depressive

Beliefs and rules are a fundamental property of all human groups. The beliefs of these groups are an important source of information about the self and the world. Two types of beliefs held by those in the social environment will be examined: (1) standards for evaluating people and (2) rules for appraising situations.

Evaluations of people: People have standards about desirable and undesirable personal qualities. These standards concern numerous parameters of the human being, including intelligence, social skill, occupational success and physical attractiveness. We use these standards to appraise each other. The

appraisals are based upon formal measurements (e.g., standardized achievement testing) or informal reactions (e.g., the 1 to 10 rating scale of physical appearance in the movie "10"). The outcome of these evaluations are communicated in numerous ways, such as direct or indirect verbal and nonverbal feedback, decisions concerning advancement on the job, or report cards in the educational system.

The individual's standing on the various evaluative dimensions has important consequences such as prestige, respect, attention, money, and praise. Perhaps the most important consequence of the evaluation of specific attributes (e.g. intelligence or social skill) is the associated broader judgement concerning the worth of the individual. People often equate the desirability of specific personal characteristics with the desirability, worth or value of the person. For example, Mothersill (1956, p. 15) argues, "...many indigent people are poverty striken and are recipients of charity because they are innately inferior" and high intellectual capacities are "...necessary to value." While this example is unusually harsh and explicit, more subtle versions of these judgements abound. Janitors clearly command less respect than professors. Obese persons are often looked down upon by the many groups that value Hollywood images or the current heightened health consciousness. Needless to say, many people lack some of the desirable attributes and so are devalued by the larger community. The social group, then, defines the desirability of a multitude of attributes, evaluates the degree to which the individual demonstrates the various attributes, and indicates its regard for people with or without those qualities.

Of particular importance are the judgments of those who are close to the individual and whose opinions matter most. Given the reports of marital difficulties of the depressive mentioned above, it is probably not unusual for the depressive to be criticized by the spouse. For depressions which preceed

the marital difficulties, several reports (reviewed by Coates and Wortman, 1980) suggest that the spouse of the depressive is initially supportive, but when these efforts fail to reduce their partners' continuing weepiness, unhappiness and negativity, the spouse becomes increasingly frustrated and hostile. Coates and Wortman argued that the partner's expression of this irritation with the depressive symptomatology serves as evidence to the depressive that he or she is handling life's difficulties poorly. For example, an exasperated spouse might say, "Enough of this sitting around and feeling sorry for yourself. Grow up and act your age." This clear message about the inappropriateness of the depressive symptoms can only serve to validate the self-criticism of the depressed person.

Depressed states which are preceeded rather than followed by difficulties with significant others entail a somewhat different set of negative beliefs. A wife, for example, may compare her husband, a middle-level manager, to the husband of a friend, the president of his corporation. According to the wife, her husband's lower status in the organizational hierarchy and his lower income is evidence of his worthlessness. These messages from the wife may contribute to an erosion of the husband's self-regard. Whether depressed mood is the antecedent or consequence (or both) of disturbed interpersonal relationships, then, the communications from the other may help to shape cognition.

Thus, depressed people learn how to define the desirability and appropriateness of personal attributes from both the primary group and the wider community. The depressed person and others then evaluate the degree to which the depressed person conforms to the social standards.

Rules for appraising situations: Just as the social group specifies rules for appraising people, it also specifies rules for appraising situations. An example of a rule for appraising situations

is the medieval Japanese notion that a public failure is extraordinarily shameful, regardless of whether the person is at fault. Suicide was seen as the

appropriate act following failure and the subsequent degradation by the self and by others (Mass, Note 1; Varley, 1970). Current Western culture also specifies the appropriate thoughts or feelings in a given situation. For example, the victim of rape is often blamed for the rape. This blame is communicated to the victim by questions in the legal system about her own sexual behavior. With these insinuations from the legal and social community, it is not surprising that rape victims were found to be more depressed than non-victim controls at least one year following the rape (Ellis, Atkeson & Calhoun, 1981).

Summary and conclusions

The current paper describes the negative information which the depressive may encounter. Two broad classes of information from the environment are identified: (1) observable negative life circumstances including the depressive deficits themselves, the inadequate interpersonal relationships, and stressful life events and (2) the appraisals of people and situations by others in the social environment which have undesirable implications for the depressed individual. Both types of input may elicit or validate negative beliefs.

What are the relationships between negative information and depressive mood, cognition and behavior? Following the reciprocal influence perspectives of Neisser (1976) and Bandura (1977), it is suggested that information from the environment is in a continuous interplay with cognition, mood and behavior. The cognitive appraisals of a given situation are expected to depend upon both the available information and the stable cognitive schema. A cognitive schema, defined as a relatively stable body of knowledge stored in memory, organizes this incoming information (Davis & Unruh, 1981) and is itself changed in the process of doing so (Neisser, 1976). The schema regulates subsequent attention, affect and behavior in ways that are consistent with its representation of reality (Beck, 1967; Neisser, 1976). In the depressive, of course, attention is

selectively directed toward new bits of negative information, mood is sad, and behavior is maladaptive. The maladaptive behaviors, in turn, elicit new evidence of rejection, avoidance, and criticism from the social environment. Thus, there is an on-going cycle between the available information and cognition, mood and behavior.

These proposals concerning the interplay between cognition and reality may serve to expand upon Davis and his colleague's (Davis, 1979a, 1979b; Davis & Unruh, 1981) model of the development of depressive schema. In the first stage of the development of the depressive schema, the relatively well-organized non-depressive schema begins to weaken. The ensuing transition period is marked by dysphoria and other symptoms of depression, but the schema during this period is weak and relatively limited in its capacity to organize information from the environment. Finally, the schema gradually increases in strength as the duration of the depression lengthens.

A reciprocal influence model of depression suggests that the information available to the individual influences the progression from one stage to the next in the development of the cognitive schema. The progression from the strong nondepressive schema to the weak transitional schema may be precipitated by an assault of negative information. This abundance of negative information may make it difficult for the nondepressive to continue to attend mainly to positive information as the person had been accustomed to doing. The information from the environment may also be important during the next phase, the transition period. It is speculated that the valence of the information available during this period will partially determine whether the individual returns to the non-depressive state or continues on to a long-term depression. The information from the environment may have its greatest impact during this transition stage, because inconsistencies in the focus of attention associated with the weak cognitive schema permit attention to both positive and negative

information. The information picked up by the weak schema is expected to influence the ensuing positive vs. negative tone of the schema. Positive information will facilitate a return to the nondepressed state and vice versa. In the final stage, when the short-term depressive with a weak schema has progressed to a long-term depression, the role of the external information changes. Positive information is now systematically screened out by the strong schema, but negative information continues to elicit and reinforce negative beliefs. The type of negative information that operates in the maintenance of the depression may also change during this last stage. Whereas information on stressful life events which are unrelated to the depressive behavior may have precipitated a depressed mood state, it is doubtful that such information will maintain it. Instead, the maintenance of depression may depend more upon information on social skill deficits, inadequate interpersonal relationships and other phenomena brought on by the depression. This depression-related negative information, which becomes increasingly more available as the depression continues, is likely to be more central to the self-concept than the information on events independent of the depression. For this reason, the depression-related information is expected to be more important in the maintenance of clinical depression than the negative information on events independent of the individual which may have precipitated a depressed mood state.

Switching now from theory to therapy, the reported success of cognitive therapy for depression may be attributed in part to the fact that it directly alters some of the behavioral deficits described earlier in addition, of course, to altering cognitions. Clients who are physically or socially inactive are encouraged to schedule activities. Clients who avoid some challenging task are shown how to break down the task into manageable components. Unassertive clients are taught to be more assertive. These behavior changes will provide

positive information as the recovering depressive observes the self and others' reactions to the self, thereby validating the therapist's push toward positive cognitive changes.

Cognitive therapy does not, however, systematically address the problematic aspects of either the immediate social environment or the larger groups to which the patient belongs. Regarding the immediate environment, it has recently been argued that cognitive therapy might be enhanced by incorporating established marital and family interventions (Meddin, 1982). These interventions could address dysfunctional behaviors of the client in the family relationships and the harsh standards and expectations pertaining to the client that are defined by significant others. Unfortunately, there have been relatively few steps in this direction thus far, and so this is a promising area for future development. One intriguing exception is the three case studies by Rush, Shaw, & Khatami (1980) which addressed the marital relationship in the treatment of depression.

Dealing with harmful input from the larger community, however, is less straightforward. One possibility is to teach clients to discount destructive input, but it is expected that maintenance of this skill will be poor without some ongoing external validation of the rejection of harmful input. To enhance the client's long-term ability to reject destructive input, it may be helpful to create external sources to support the rejection of harmful feedback from the dominant group and substitute self-enhancing feedback in its place. Encouraging the client to join or create a support group may accomplish this goal.

In summary, it is proposed that cognitive theory and practice could benefit by expanding the causal model to include a greater emphasis on information from the environment. While it is undoubtedly true that depressives fail to see that "every cloud has a silver lining," it also appears that depressives have more clouds on their horizons than do nondepressives.

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